

| POSITION                  | INITIALS   | ID NO. | DATE    |
|---------------------------|------------|--------|---------|
| FEE DETERMINATION         | <i>hug</i> |        | 3/2/00  |
| O.I.P.E. CLASSIFIER       | <i>DM</i>  | 72223  | 5-31-00 |
| FORMALITY REVIEW          |            | 4049   | 8-3-00  |
| RESPONSE FORMALITY REVIEW |            |        |         |

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim | Final | Original | Date |
|-------|-------|----------|------|
| 1     |       | 1/2/00   |      |
| 2     |       | 2/2/00   |      |
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| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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